



# Free Sky Sox Youth Baseball Camp Registration Form

## CHOOSE ONE

☐ **Camp #1**

Sunday, June 30, 2013

☐ **Camp #2**

Sunday, August 11, 2013

at  **SECURITY SERVICE FIELD**

Youth Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F Youth Shirt Size: S M L XL

**Children need to be six years of age or older, no exceptions due to Sky Sox liability.**

**Parent/legal guardian must sign liability waiver at event.**

Parent/Legal Guardian Name: \_\_\_\_\_

*Parents must accompany children to registration and game. Children may not be left unattended.*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## **Registration Deadline:**

All registration forms must be submitted one week prior to each camp.

Three ways to submit your form:

**1) Email:** scan and email form to [lstark@ssfcu.org](mailto:lstark@ssfcu.org)

**2) Fax:** 719.594.5951; attn LaNeta Stark

**3) Mail:** Security Service Federal Credit Union  
Briargate Branch  
Attn: LaNeta Stark  
1485 Kelly Johnson Blvd., Suite 210  
Colorado Springs, CO 80920





PARTICIPANT RELEASE FORM

EVENT: \_\_\_\_\_

MINOR'S NAME(S): \_\_\_\_\_

**Part One: General Release of Liability**

As parent or legal guardian of the above named minor(s) (hereinafter "Minor"), I hereby grant the permission necessary to allow Minor to participate in the above event conducted by Security Service Federal Credit Union (hereinafter "SSFCU"). I further agree to release and to hold harmless SSFCU, event sponsors and affiliates (hereinafter "Sponsors") and the Hosting Site on whose premises the event will occur (hereinafter collectively "Releasees") from any and all liability, whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that Minor may incur or sustain during the event, all activities associated with the event, and while traveling to and from the site for the event whether or not the event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on account of the damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss of costs Releasees may have to pay as a result of any such action, claim or demand.

**Part Two: Appearance Release**

I understand that as a participant in and/or a spectator at the event, Minor may be included in photographs, films, video and sound recordings taken during the event. I also understand that SSFCU may use these photographs, videos and sound recordings, as well as my name and general biographical information for both me and Minor for internal and external marketing/promotional efforts of the credit union (i.e., newspapers, magazines, TV, radio, newsletters, etc.). Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to SSFCU, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors at the event the exclusive right to photograph and/or videotape Minor and to utilize the photographs, films, videos, sound recordings, our name and general biographical information in advertising and promoting the event or in internal and external marketing/promotional efforts for the credit union. I further understand that Minor and I will **not** receive any compensation for the use of any photographs, films, video and sound recordings, names and general biographical information in any internal and external marketing/promotional efforts.

Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Relationship to Minor(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, comments, or concerns regarding this General Release Form, please contact:

Security Service Federal Credit Union  
Corporate Communications Department  
1-888-415-7878  
[publicrelations@ssfcu.org](mailto:publicrelations@ssfcu.org)

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